

**CITY OF NEVADA CITY
UTILITY BILLING
CHANGE FORM**

Cust ID # _____

Route # _____

DATE: _____

INITIATED BY: Telephone _____ Walk-in _____ Other _____

Name: _____ Ph # _____

Owner Occupied?

SERVICE ADDRESS: _____ Yes No

.....
CHANGE:

OWNERSHIP

EFFECTIVE DATE: _____

OLD CUSTOMER ID: _____

NEW CUSTOMER ID: _____

NEW OWNER: _____

BILLING ADDR: _____

MAILING ADDRESS

EFFECTIVE DATE: _____

PRIOR ADDRESS: _____

NEW ADDRESS: _____

REMARKS: _____

.....
FOR OFFICE USE:

FOLLOW UP REQUIRED: _____

REQUESTED BY:		DATE	
APPROVED BY:		DATE	
CHANGED/INPUT BY:		DATE	
REVIEWED BY:		DATE	